

**ARKANSAS STATE BOARD OF ARCHITECTS**  
101 East Capitol Avenue, Suite 110  
Little Rock, Arkansas 72201-3822

501/682-3171 ▪ Fax: 501/682-3172

E-mail: [arch@arkansas.gov](mailto:arch@arkansas.gov) ▪ Web Address: [www.arkansas.gov/arch](http://www.arkansas.gov/arch)

TO: **Firms holding a Certificate of Authorization**

FROM: John D. Harris, Director

RE: 2006 Renewal of Firm Certificate of Authorization

DATE: November 21, 2005

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Your Firm CERTIFICATE OF AUTHORIZATION is due for renewal. To renew your CERTIFICATE OF AUTHORIZATION, you may choose one of two options:

(1) You may renew your Firm CERTIFICATE OF AUTHORIZATION on the Internet. Go to our web page at [www.arkansas.gov/arch](http://www.arkansas.gov/arch) and click on **Renew your Certificate of Authorization Online**. Follow the instructions and enter a credit card number. The amount of the renewal is \$350.00. (We will receive verification that you have renewed on the same day that you complete the application on the Internet.)

OR

(2) Complete the firm renewal application and send a **\$350.00** check payable to the Arkansas State Board of Architects. Your check will be your receipt. The renewal application **must be post marked by December 31, 2005**.

YOU MUST COMPLETE ONE OF THE TWO ABOVE OPTIONS BY DECEMBER 31, 2005 OR YOUR FIRM CERTIFICATE OF AUTHORIZATION WILL EXPIRE.

REINSTATEMENT OF AN EXPIRED FIRM CERTIFICATE OF AUTHORIZATION MAY BE ACCOMPLISHED BY PAYMENT OF THE RENEWAL FEE OF \$350.00 PLUS A PENALTY FEE OF \$50.00 A MONTH FOR EVERY MONTH THE CERTIFICATE OF AUTHORIZATION HAS LAPSED. IF YOUR CERTIFICATE OF AUTHORIZATION HAS LAPSED, YOUR FIRM MAY NOT PRACTICE ARCHITECTURE IN THE STATE OF ARKANSAS.

IF YOUR FIRM DECIDES TO NOT RENEW YOUR CERTIFICATE OF AUTHORIZATION, PLEASE FILL OUT AND RETURN THE FORM SO WE CAN UPDATE YOUR RECORD.

**YOUR CERTIFICATE WILL NO LONGER BE MAILED.**  
Go to [www.arkansas.gov/arch](http://www.arkansas.gov/arch) and click on **Print your Corporate Certificate**.

(over)

**ARKANSAS STATE BOARD OF ARCHITECTS  
INSTATE RENEWAL APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

FIRM LICENSE NUMBER: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_\_

(Corporation, Partnership, Limited Liability, etc.)

I DO NOT WISH TO RENEW. IF NOT RENEWING, PLEASE RETURN FORM BY MAIL.

List the name of the director or partner along with their Arkansas registration number who has the practice of architecture in his charge for the State of Arkansas. This person must be registered to practice architecture in the State of Arkansas.

Director/Partner: \_\_\_\_\_ AR Registration #: \_\_\_\_\_

NOTE: This individual must maintain a current Arkansas Individual Architects License. Failure to maintain valid license shall result in revocation of the Firms' Certificate of Authorization.

STATE IN WHICH ORGANIZATION IS INCORPORATED: \_\_\_\_\_

Does this firm have a satellite office in the State of Arkansas?  YES  NO

If YES, list Address: \_\_\_\_\_

Name of Architect in charge of the satellite office: \_\_\_\_\_

Architect's Arkansas Registration Number: \_\_\_\_\_

List below EVERY Director (Corporations/LLC) OR Partner (Partnership) including ALL of the following information. Use additional sheets if necessary.

Eligibility Requirements: 2/3 of the Directors for a Corporation/Limited Liability Corporation or 2/3 of the Partners for a Partnership must be Architects or Engineers and one Director/Partner must hold a valid Arkansas Individual Architects' License.

Name: \_\_\_\_\_ Registration State: \_\_\_\_\_ Registration #: \_\_\_\_\_

Firm Address/City/State/Zip: \_\_\_\_\_

Disciplines (Architect, Engineer, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Registration State: \_\_\_\_\_ Registration #: \_\_\_\_\_

Firm Address/City/State/Zip: \_\_\_\_\_

Disciplines (Architect, Engineer, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Registration State: \_\_\_\_\_ Registration #: \_\_\_\_\_

Firm Address/City/State/Zip: \_\_\_\_\_

Disciplines (Architect, Engineer, etc.): \_\_\_\_\_

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE.

Signed: \_\_\_\_\_  
President or General Partner Title Date